



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

ADVANCE DIRECTIVES (DECLARATIONS)

Effective Date: August 22, 2006

Policy #: TX-02

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- I. PURPOSE:** To provide procedures for informing patients of their right to issue an advance medical directive and to receive assistance from staff in this matter.
- II. POLICY:** The hospital will educate patients, staff and community about the right of individuals to issue advance medical directives.
- III. DEFINITIONS:**
 - A. ADVANCE DIRECTIVE: A written instruction a person prepares in advance of serious illness or injury with the intent of making one's wishes clear about the use of life-sustaining treatment should a medical condition leave them unable to make such decisions. An advance directive usually refers to a "living will" or a "durable power of attorney for health care." Under Montana statute, the terms "living will" and "durable power of attorney for health care" are referred to as "declarations."
 - B. LIVING WILL: A document initiated by any capable/competent adult person directing both family and practitioner to withhold or withdraw medical treatment that would only prolong the process of dying in the event of incurable or irreversible conditions. In Montana statute, the "living will" is called a Type A Declaration.
 - C. DURABLE POWER OF ATTORNEY FOR HEALTH CARE: A person designated to make healthcare decisions for another person, should the latter become incompetent or incapacitated. In Montana statute, this is referred to as a Type B Declaration.
- IV. RESPONSIBILITIES:**
- V. PROCEDURE**
 - A. RESPONSIBILITY TO PATIENTS, FAMILY AND TREATMENT GUARDIANS
 - 1. Upon admission, as part of the routine nursing assessment, each patient will be asked whether they have an advance directive and whether they would like to

receive more information about advance directives. These questions may be deferred if the patient's mental condition or behavior prevents a meaningful exchange of information.

2. If the patient reports that they have made an advance directive, this information will be provided to the patient's social worker who will attempt to obtain a copy for the Medical Record. When the hospital is aware that an advance directive has been issued for a patient, a sticker indicating "Advance Directive" will be placed on the cover of the patient's medical record.
3. When a patient who has an advance directive is transferred to another healthcare facility, a copy of the advance directive will be provided to the receiving facility.
4. Current desires of the patient will take precedence over and supersede any previous directive. Changes in advance directives may be made at the request of the patient, guardian, or "durable power of attorney for health care" in the manner prescribed by law.
5. If a patient requests to receive information about advance directives, the treating licensed independent practitioner will assess the patient's competence to make the necessary decisions. If the patient is assessed to be competent, the Team Leader will be notified and will assign an appropriate staff member to complete this task. When an assessment of a patient's competence is needed immediately due to an emergency medical condition, any licensed independent practitioner may assess the patient's competence to make decisions about advance directives. Information about advance directives will also be discussed with patient's "durable power of attorney (DPOA) for health care," treatment guardian and families, as appropriate.
6. Patient and staff education programs on rights issues will include information about advance directive.
7. The hospital's treatment programs may develop alternative procedures for providing information about advance directives when appropriate to meet needs of a specific patient population (e.g., Geriatric Program). Any alternative procedures must be approved by the hospital's administration.

B. RESPONSIBILITY FOR STAFF AND COMMUNITY EDUCATION

1. Information about advance directives will be provided by the Staff Development Department as a part of the Psychiatric Technician training, orientation classes for professional staff, and other inservice education programs.

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2. Community education will be carried out primarily when MSH staff members contact patient families and others to discuss issues related to treatment and advance directives.

VI. REFERENCES: None

VII. COLLABORATED WITH: Medical Director and Director of Nursing Services

VIII. RESCISSIONS: #TX-02 *Advance Directives (Declarations)* dated November 7, 2003; #TX-02 *Advance Directives (Declarations)* dated February 14, 2000; HOPP #13-05A.41196, *Advanced Directives (Declarations)*, dated April 11, 1996.

IX. DISTRIBUTION: All hospital policy manuals.

X. REVIEW AND REISSUE DATE: August 2009

XI. FOLLOW-UP RESPONSIBILITY: Medical Director

XII. ATTACHMENTS: None

_____/____/____
Ed Amberg
Hospital Administrator

Date

_____/____/____
Thomas Gray, MD
Medical Director

Date